

JWW AF

+



## TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

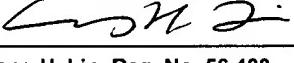
		Application Number	09/842,359
		Filing Date	April 24, 2001
		First Named Inventor	Saul Kato
		Group Art Unit Number	2154
		Examiner Name	Wen Tai Lin
Total Number of Pages in This Submission	11	Attorney Docket Number	23203-06769

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Response to Notice to File Missing Parts	[ ] Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	<input type="checkbox"/>
<input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment/Response: [8] Page(s)	<input type="checkbox"/>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

### REMARKS:

### SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	Hsiang H. Lin, Reg. No. 56,403	Dated:	March 31, 2005

### CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:			
Typed or Printed Name:	Hsiang H. Lin	Dated:	March 31, 2005
Express Mail Mailing Number (optional):			

# FEE TRANSMITTAL for FY 2005

APR 04 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$0)

<i>Complete if Known</i>	
Application Number	09/842,359
Filing Date	April 24, 2001
First Named Inventor	Saul Kato
Examiner Name	Wen Tai Lin
Art Unit	2154
Attorney Docket No.	23203-06769

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Fenwick &amp; West LLP

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity

Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
Code	( \$ )	Code	( \$ )	

SUBTOTAL (1)

(\$0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims	Fee from below	Fee Paid
6 -32** = 0	x 50	= 0
3 -6** = 0	x 200	= 0

Total Claims

6	-32** = 0	x 50	= 0
3	-6** = 0	x 200	= 0

Independent Claims

Multiple Dependent

Large Entity	Small Entity	Fee Description		
Fee	Fee	Fee		
Code	( \$ )	Code	( \$ )	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0)

\*\*or number previously paid, if greater; For Reissues, see above

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Code	( \$ )	Code	( \$ )
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1460	—	1460	—
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			
SUBTOTAL (3)			(\$0)

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Name (Print/Type)

Hsiang H. Lin

Registration No.  
(Attorney/Agent)

56,403

Complete (if applicable)

Telephone (650) 335-7203

Signature

Date

March 31, 2005